

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40214

State File No. \_\_\_\_\_

FILED DEC 27 1950

BIRTH NO. 12-13-50

REG. DIST. NO. 93

PRIMARY REG. DIST. NO. 5331

Registrar's No. 65

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ceder twp</u> c. LENGTH OF STAY (in this place) _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived; if institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ceder twp</u> d. STREET ADDRESS (If rural, give location) <u>Lockwood rt 1</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Clyde</u> b. (Middle) _____ c. (Last) <u>McCluey</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 10 1950</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>July 25 1883</u>
<b>9. AGE</b> (In years, last birthday) <u>67</u>		<b>10. AGE</b> (In years, last birthday) <u>4</u>	<b>11. AGE</b> (In years, last birthday) <u>19</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farmer</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Dade Co</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Robert McCluey</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Harvell</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Guy McCluey</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>congestive heart failure</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  <b>DUE TO (b)</b> _____  <b>DUE TO (c)</b> _____  <b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <b>19a. DATE OF OPERATION</b> _____ <b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>congestive heart failure</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  <b>DUE TO (b)</b> _____  <b>DUE TO (c)</b> _____  <b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <b>19a. DATE OF OPERATION</b> _____ <b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from</b> <u>July 30th</u> , 19 <u>50</u> , to <u>12-10-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>50</u> , and that death occurred at <u>10:00pm.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Max Heilmann M.D.</u>		<b>23b. ADDRESS</b> <u>Lockwood</u>	
<b>23c. DATE SIGNED</b> <u>12-12-50</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>12-12-50</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Edgar</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Dade Co</u> <u>M.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. Allison Greenfield</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>12-13-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geo L. Weir</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DIVISION OF HEALTH OF MO.**  
District No. 5 - Springfield

RECEIVED DEC 18 1950

Dist. File 1250-2534

Date Filed 12-21-50

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*W.R. Allison*

Licensed Embalmer No.

4404

P. O. Address

*Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.